UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 10
1200 Sixth Avenue
Seattle, WA 98101

25 JUN 2004

Reply To
Attn Of: OW-130

Mr. Terry Werner
Post Falls Wastewater Treatment Facility
408 N. Spokane Street
Post Falls, ID 83854

RE: City of Post Falls, Idaho Wastewater Treatment Plant (ID-002585-2) Renewal Application

Dear Mr. Werner:

On June 24, 2004, EPA received the remaining portions of the permit application for the renewal of the above referenced permit. EPA has reviewed the application and has determined that it is complete, although, EPA may request additional information during the development of the draft permit to clarify, modify, or supplement previously submitted material. Requests for such additional information will not render an application incomplete [40 CFR 122.3(c)].

If EPA, through no fault of the permittee, does not re-issue this permit with an effective date under 40 CFR 124.15 on or before the expiration date (November 2, 2004) of the above referenced permit, then the conditions of the expired continue in force under 5 U.S.C 588(c) until the effective date of a new permit [40 CFR 122.6(a)]. Permits continued under 40 CFR 122.6 remain fully effective and enforceable [40 CFR 122.6(b)]. When the permittee is not in compliance with the conditions of the expiring or expired permit, EPA may choose to do any or all of the following: (1) Initiate enforcement action based upon the permit which has been continued; (2) Issue a notice of intent to deny the new permit under 40 CFR 124.6; (3) Issue a new permit under 40 CFR Part 124 with appropriate conditions; or (4) Take other actions authorized by the NPDES regulations. If the permit is denied, the owner or operator would then be required to cease the activities authorized by the continued permit or be subject to enforcement action for operating without a permit. [40 CFR 122.6(c)]

If you have any questions or concerns regarding this letter, please contact Brian Nickel at (206)553-6251.

Sincerely,

for

Kristine Koch
Acting Manager, NPDES Permits Unit

CITY OF POST FALLS
PUBLIC WORKS DEPARTMENT
PERMIT NO. ID-002585-2

FORM 1 GENERAL
FORM 3510-2A NPDES PAGES 1 THROUGH 10; PAGES 23 & 24
NOTE: PAGES 11 – 17 ARE INTENTIONALLY LEFT BLANK AND ARE REPLACED WITH PAGES 23 AND 24

FORM 3510-2A SUPPLEMENTAL APPLICATION INFORMATION
FLEXCEL
QUALITY COATINGS
POTLATCH CORPORATION
CITY OF RATHDRUM

ATTACHMENTS
- MAIN STREAM FLOW SCHEMATIC
- FACILITY LAYOUT
- FACILITY OVERVIEW
- POST FALLS CITY
- SEWER MANAGEMENT AREA
- EXPLANATION REGARDING DAILY CHLORINE LIMIT
- FECAL COLIFORM #/100ml SECTION A.11.c
- WET TEST REQUEST
- LETTER OF CLARIFICATION – SECTION A.12 – EFFLUENT TESTING INFORMATION

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 2040-0086.

FORM 1 GENERAL — EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F | I D 0 0 2 5 8 5 2 | D

LABEL ITEMS

I. EPA I.D. NUMBER
III. FACILITY NAME
V. FACILITY MAILING ADDRESS
VI. FACILITY LOCATION

I. ID-0025852
III. POST FALLS WASTEWATER TREATMENT FACILITY
V. 408 NORTH SPOKANE STREET
POST FALLS, IDAHO 83854
V. 2002 WEST SELTICE WAY
KOOTENAI COUNTY
POST FALLS, IDAHO 83854

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area*(s)* below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a discharge to waters of the U.S.? (FORM 2A)	X		X	B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge to waters of the U.S.**? (FORM 2B)		X	
C. Is this a facility which currently results in **discharges** to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge to waters of the U.S.**? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a **proposed stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a **proposed stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP POST FALLS WASTEWATER TREATMENT FACILITY

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 TERRY C. WERNER	208 777 9857

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 408 N. SPOKANE STREET

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 POST FALLS	ID	83854

MAY - 3

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 2002 W. SELTICE WAY

B. COUNTY NAME

KOOTENAI

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 POST FALLS	ID	83854	

EPA Form 3510-1 (8-90)

CONTINUE ON REVERSE

6/25/04 RN PCS 11/31/04

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
(specify)	(specify)
C. THIRD	**D. FOURTH**
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME

CITY OF POST FALLS

B. Is the name listed in Item VIII-A also the owner? ☒ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
F = FEDERAL; S = STATE; P = PRIVATE; M = PUBLIC (other than federal or state); O = OTHER (specify)

M (specify)

D. PHONE (area code & no.)

208 777 9857

E. STREET OR P.O. BOX

408 N. SPOKANE STREET

F. CITY OR TOWN	G. STATE	H. ZIP CODE
POST FALLS	ID	83854

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
N ID-002585-2	P
B. UIC (Underground Injection of Fluids)	**E. OTHER (specify)**
U	(specify)
C. RCRA (Hazardous Wastes)	**E. OTHER (specify)**
R	(specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Municipal Wastewater Treatment Facility. Treatment consists of biological treatment using oxidation ditches followed by secondary clarification and ultra violet disinfection. Sludge is aerobically digested, dewatered by belt filter press and disposed of under contract with EKO Compost for composting.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Terry C. Werner Public Works Superintendent	Terry C. Werner	04/22/04

COMMENTS FOR OFFICIAL USE ONLY

C

FACILITY NAME AND PERMIT NUMBER:
Post Falls ID-002585-2

Form Approved 1/14/99
OMB Number 2040-0086

FORM 2A NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

A. Basic Application Information for all Applicants. All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd. All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. Certification. All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

D. Expanded Effluent Testing Data. A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. Toxicity Testing Data. A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

F. Industrial User Discharges and RCRA/CERCLA Wastes. A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
   a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
   b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designated as an SIU by the control authority.

G. Combined Sewer Systems. A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

FACILITY NAME AND PERMIT NUMBER:
Post Falls ID-002585-2

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS

All treatment works must complete questions A.1 through A.8 of this Basic Application information packet.

A.1. Facility Information.

Facility name: Post Falls Wastewater Treatment Facility

Mailing Address: 408 N. Spokane Street
Post Falls, Idaho 83854

Contact person: Terry C. Werner

Title: Public Works Superintendent

Telephone number: (208) 777-9857

Facility Address: 2002 West Seltice Way
(not P.O. Box) Post Falls, Idaho 83854

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name

Mailing Address

Contact person

Title

Telephone number

Is the applicant the owner or operator (or both) of the treatment works?

X owner X operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

X facility _____ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES ID-002585-2 PSD

UIC Other

RCRA Other

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
Post Falls	18,500	Separate	Municipal
Rathdrum	5,126	Separate	Municipal

Total population served 23,626

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

____ Yes X No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

____ Yes X No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 3.48 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	1.970	2.028	2.100	mgd
c. Maximum daily flow rate	2.851	2.534	2.693	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

X	Separate sanitary sewer	100 %
____	Combined storm and sanitary sewer	____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? X Yes ____ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent	1
ii. Discharges of untreated or partially treated effluent	0
iii. Combined sewer overflow points	0
iv. Constructed emergency overflows (prior to the headworks)	0
v. Other _____	0

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? ____ Yes X No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge ____ continuous or ____ intermittent?

c. Does the treatment works land-apply treated wastewater? ____ Yes X No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application ____ continuous or ____ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? ____ Yes X No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

_____

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? _____ Yes X No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

_____

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

WASTEWATER DISCHARGES:
If you answered "yes" to quetion A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a.,** go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9 Description of Outfall.

a. Outfall number 001

b. Location

POST FALLS (City of town, if applicable)	83854 (Zip Code)
KOOTENAI (County)	ID (State)
47 DEG 42 MIN 30 SEC (Latitude)	116 DEG 58 MIN 10 SEC (Longitude)

c. Distance from shore (if applicable) 55 ft. at low water elevation

d. Depth below surface (if applicable) 4 ft. at low water elevation

e. Average daily flow rate 2.14 mgd

f. Does this outfall have either an intermittent or a periodic discharge? _____ yes X no (go to A.9.g)

If yes, provide the following information:

Number of times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____ mgd

Months in which discharge occurs:

g. Is outfall equipped with a diffuser? _____ yes X no

A.10 Description of Receiving Waters.

a. Name of receiving water SPOKANE RIVER

b. Name of watershed (if known) RATHDRUM-SPOKANE AQUIFER

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin (if known): COEUR D'ALENE RIVER BASIN

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

d. Critical low flow of receiving stream (if applicable):

acute _____ cfs chronic _____ cfs

e. Total hardness of receiving stream at critical low flow (if applicable) _____ mg/l of $CaCO_3$

FACILITY NAME AND PERMIT NUMBER:
POST FALLS ID-002585-2

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A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

_____ Primary X Secondary

_____ Advanced X Other. Describe: Biological Nutrient Removal

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal	85 %
Design SS removal	85 %
Design P removal	70 %
Design N removal	0 %
Other _____	0 %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Ultra Violet Disinfection w/ chlorine gas back-up (Seasonal variation on separate sheet)

If disinfection is by chlorination, is dechlorination used for this outfall? X Yes _____ No

d. Does the treatment plant have post aeration? _____ Yes X No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	7.22	s.u.			
pH (Maximum)	7.93	s.u.			
Flow Rate	2.693	MGD	2.099	MGD	366
Temperature (Winter)	24.3	°C	17.1	°C	366
Temperature (Summer)					

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MRL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	17.0	mg/L	8.0	mg/L	103	#5210B-Std meth	
	CBOD-5							
FECAL COLIFORM		1,600	#/100 ml	41	#/100 ml	157	#9221E-Std meth	
TOTAL SUSPENDED SOLIDS (TSS)		28.0	mg/L	5.9	mg/L	104	#2540D-Std meth	

END OF PART A
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART B ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day)

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others omit Part B (certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

0 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

_____

_____

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ___Yes XX No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

001

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

___Yes XX No

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM/DD/YYYY	Actual Completion MM/DD/YYYY
– Begin construction	02/02/2004	__/__/____
– End construction	04/06/2004	__/__/____
– Begin discharge	__/__/____	__/__/____
– Attain operational level	__/__/____	__/__/____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? XX Yes ___No

Describe briefly: 10/24/03 - Plans & Specs for WWTP Oxidation Ditch #2 Aeration reviewed & approved by Mr. John Tindall, PE, IDEQ, Coeur d'Alene, ID

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / M.D.
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	4.87	mg/L	0.48	mg/L	111	4500NH3DISE-Std meth.	
CHLORINE (TOTAL RESIDUAL, TRC)	0.15	mg/L	0.02	mg/L	366	4500-Cl G Std. meth.	
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)	3.40	mg/L	0.43	mg/L	65	USEPA 365.3	
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

END OF PART B
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

POST FALLS ID-002585-2

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A as explained in the Application Overview. Indicate below which parts of Form 2A you are completing and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

X Basic Application Information packet

Supplemental Application Information packet:

X Part D (Expanded Effluent Testing Data)

X Part E (Toxicity Testing: Biomonitoring Data)

X Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: TERRY C. WERNER, PUBLIC WORKS SUPERINTENDENT

Signature: Terry C Werner

Telephone number: (208)777-9857

Date signed: 04/23/04

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:
POST FALLS ID-002585-2

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE						
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	MDL/MDL
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM	.0910	ppb	.0017	lbs/day	.0388	ppb	.0007	lbs/day	13	ICP-AES 3120-Cd	
CHROMIUM											
COPPER	11.90	ppb	.1880	lbs/day	5.344	ppb	.0939	lbs/day	13	ICP-AES 3120-Cu	
LEAD	1.230	ppb	.0228	lbs/day	.4149	ppb	.0073	lbs/day	13	ICP-AES 3120-Pb	
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC	68.30	ppb	1.263	lbs/day	47.25	ppb	.8353	lbs/day	13	ICP-AES 3120-Zn	
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS $CaCO_3$)											
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

FACILITY NAME AND PERMIT NUMBER:

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Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
CLOROBENZENE											
CHLORODIBROMO-METHANE											
CHLOROETHANE											
2-CHLORO-ETHYLVINYL ETHER											
CHLOROFORM											
DICHLOROBROMO-METHANE											
1,1-DICHLOROETHANE											
1,2-DICHLOROETHANE											
TRANS-1,2-DICHLORO-ETHYLENE											
1,1-DICHLOROETHYLENE											
1,2-DICHLOROPROPANE											
1,3-DICHLORO-PROPYLENE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE											
1,1,2,2-TETRACHLORO-ETHANE											
TETRACHLORO-ETHYLENE											
TOLUENE											

FACILITY NAME AND PERMIT NUMBER:
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Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	MD/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE											
1,1,2-TRICHLOROETHANE											
TRICHLORETHYLENE											
VINYL CHLORIDE											
Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.											
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL											
2-CHLOROPHENOL											
2,4-DICHLOROPHENOL											
2,4-DIMETHYLPHENOL											
4,6-DINITRO-O-CRESOL											
2,4-DINITROPHENOL											
2-NITROPHENOL											
4-NITROPHENOL											
PENTACHLOROPHENOL											
PHENOL											
2,4,6-TRICHLOROPHENOL											
Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.											
BASE-NEUTRAL COMPOUNDS.											
ACENAPHTHENE											
ACENAPHTHYLENE											
ANTHRACENE											
BENZIDINE											
BENZO(A)ANTHRACENE											

BENZO(A)PYRENE											

FACILITY NAME AND PERMIT NUMBER:

POST FALLS ID-002585-2

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE						
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	MDL/MDL
3,4 BENZO-FLUORANTHENE											
BENZO(GHI)PERYLENE											
BENZO(K)FLUORANTHENE											
BIS (2-CHLOROETHOXY) METHANE											
BIS (2-CHLOROETHYL)-ETHER											
BIS (2-CHLOROISO-PROPYL) ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE											
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE											
2-CHLORONAPHTHALENE											
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE											
DI-N-BUTYL PHTHALATE											
DI-N-OCTYL PHTHALATE											
DIBENZO(A,H) ANTHRACENE											
1,2-DICHLOROBENZENE											
1,3-DICHLOROBENZENE											
1,4-DICHLOROBENZENE											
3,3-DICHLOROBENZIDINE											
DIETHYL PHTHALATE											
DIMETHYL PHTHALATE											
2,4-DINITROTOLUENE											
2,6-DINITROTOLUENE											

1,2-DIPHENYLHYDRAZINE											

FACILITY NAME AND PERMIT NUMBER:
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Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	MLMDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE											
FLUORENE											
HEXACHLOROBENZENE											
HEXACHLOROBUTADIENE											
HEXACHLOROCYCLO-PENTADIENE											
HEXACHLOROETHANE											
INDENO(1,2,3-CD)PYRENE											
ISOPHORONE											
NAPHTHALENE											
NITROBENZENE											
N-NITROSODI-N-PROPYLAMINE											
N-NITROSODI- METHYLAMINE											
N-NITROSODI-PHENYLAMINE											
PHENANTHRENE											
PYRENE											
1,2,4-TRICHLOROBENZENE											
Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.											
Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.											

END OF PART D
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:
POST FALLS ID-002585-2

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SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

10 chronic ____acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

	Test number:________	Test number:________	Test number:________
a. Test information.			
Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			
b. Give toxicity test methods followed.			
Manual title			
Edition number and year of publication			
Page number(s)			
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.			
24-Hour composite			
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)			
Before disinfection			
After disinfection			
After dechlorination			

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	Test number:_____	Test number:_____	Test number:_____
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:			
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity			
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water			
Receiving water			
i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen			
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

___Yes _X_No If yes, describe: _____

_____

_____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY) ON SEPARATE SHEET

Summary of results: (see instructions)

_____

_____

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

Date submitted: 11/11/1999 MM/DD/YYYY

Summary of results: (see instructions)

NO TOXICITY

Date submitted: 05/04/2000 MM/DD/YYYY

Summary of results: (see instructions)

NO CHRONIC TOXICITY

Date submitted: 03/08/2001 MM/DD/YYYY

Summary of results: (see instructions)

NO TOXICITY

Date submitted: 08/16/2001 MM/DD/YYYY

Summary of results: (see instructions)

NO TOXICITY

Date submitted: 11/01/2001 MM/DD/YYYY

Summary of results: (see instructions)

NO TOXICITY

Date submitted: 07/18/2002 MM/DD/YYYY

Summary of results: (see instructions)

NO TOXICITY

Date submitted: 10/10/2002 MM/DD/YYYY

Summary of results: (see instructions)

NO TOXICITY

Date submitted: 07/17/2003 MM/DD/YYYY

Summary of results: (see instructions)

NO TOXICITY

Date submitted: 09/14/2000 MM/DD/YYYY

Summary of results: (see instructions)

NO TOXICITY

Date submitted: 11/06/2003 MM/DD/YYYY

Summary of results: (see instructions)

NO TOXICITY

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:
POST FALLS ID-002585-2

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

___ Yes X No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 4

b. Number of CIUs. 0

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: FLEXCEL

Mailing Address: 1881 W. SELTICE WAY
POST FALLS, IDAHO 83854

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

METAL REFINISHING

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): METAL OFFICE FURNITURE AND PANEL SYSTEMS

Raw material(s): STEEL AND ALUMINUM

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

37,060 gpd (___ continuous or X intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

4,877 gpd (___ continuous or X intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits X Yes ___ No

b. Categorical pretreatment standards ___ Yes X No

If subject to categorical pretreatment standards, which category and subcategory?

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F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

___Yes _X_No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?
___Yes _X_No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

___Yes (complete F.13 through F.15.) _X_No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

___Yes ___No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

___Continuous ___Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

POST FALLS ID-002585-2

Form Approved 1/14/99
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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

__ Yes X No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 4

b. Number of CIUs. 0

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: QUALITY COATINGS

Mailing Address: 590 S. CLEARWATER LOOP, SUITE B
POST FALLS, IDAHO 83854

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

METAL REFINISHING

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): ANODIZED ALUMINUM PARTS

Raw material(s): ALUMINUM

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

27,766 gpd (__ continuous or X intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

27,766 gpd (__ continuous or X intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits X Yes __ No

b. Categorical pretreatment standards __ Yes X No

If subject to categorical pretreatment standards, which category and subcategory?

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

___Yes _X_No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?
___Yes ___No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

___Yes (complete F.13 through F.15.) _X_No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

___Yes ___No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

___Continuous ___Intermittent If intermittent, describe discharge schedule.

END OF PART F
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:
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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

___ Yes X No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 4

b. Number of CIUs. 0

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: POTLATCH CORPORATION

Mailing Address: P.O. BOX 788
POST FALLS, IDAHO 83877

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

PARTICLE BOARD MANUFACTURING

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): PARTICLE BOARD

Raw material(s): WOOD SHAVINGS

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

91.3 gpd (___ continuous or X intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

91.3 gpd (___ continuous or X intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits X Yes ___ No

b. Categorical pretreatment standards ___ Yes X No

If subject to categorical pretreatment standards, which category and subcategory?

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

___Yes X No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?
___Yes X No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

___Yes (complete F.13 through F.15.) X No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

___Yes ___No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

___Continuous ___Intermittent If intermittent, describe discharge schedule.

END OF PART F

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:
POST FALLS ID-002585-2

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other special wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

___ Yes X No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 4

b. Number of CIUs. 0

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: CITY OF RATHDRUM

Mailing Address: 821 B MAIN STREET
RATHDRUM, IDAHO 83858

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

MUNICIPAL SEWAGE

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): MUNICIPAL SEWAGE

Raw material(s): MUNICIPAL SEWAGE

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (____continuous or _____intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

290,000 gpd (X continuous or _____intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits X Yes ___No

b. Categorical pretreatment standards ___Yes X No

If subject to categorical pretreatment standards, which category and subcategory?

FACILITY NAME AND PERMIT NUMBER:
POST FALLS ID-002585-2

Form Approved 1/14/99
OMB Number 2040-0086

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

___Yes _X_No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?
___Yes _X_No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

___Yes (complete F.13 through F.15.) _X_No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

___Yes ___No

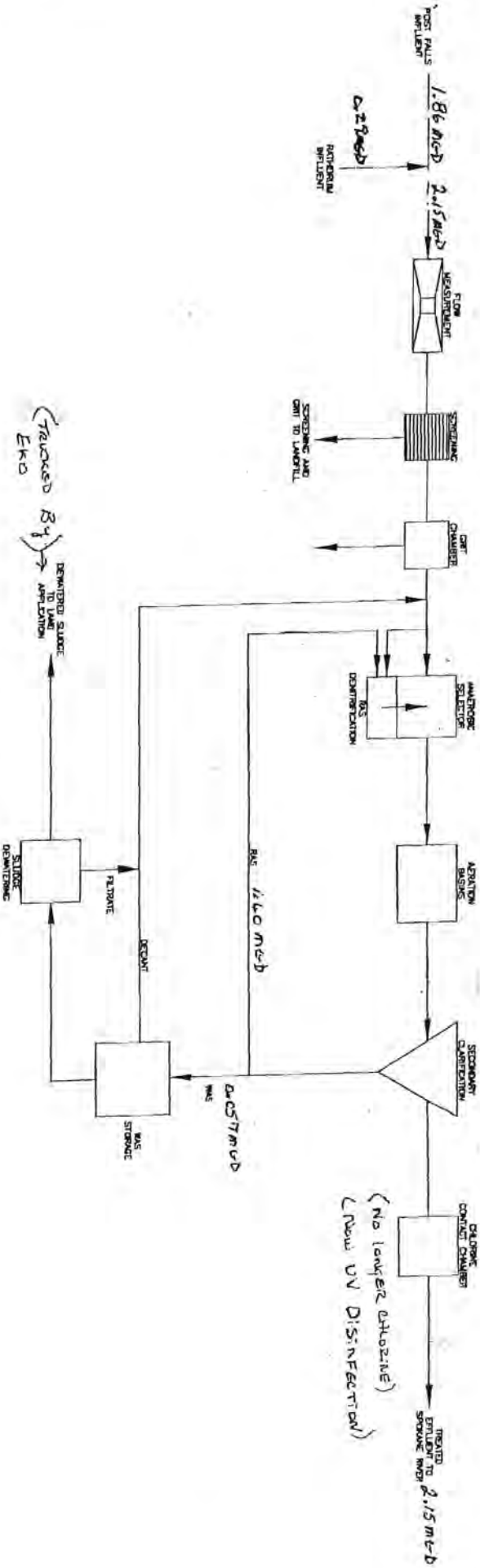
If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

___Continuous ___Intermittent If intermittent, describe discharge schedule.

END OF PART F
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

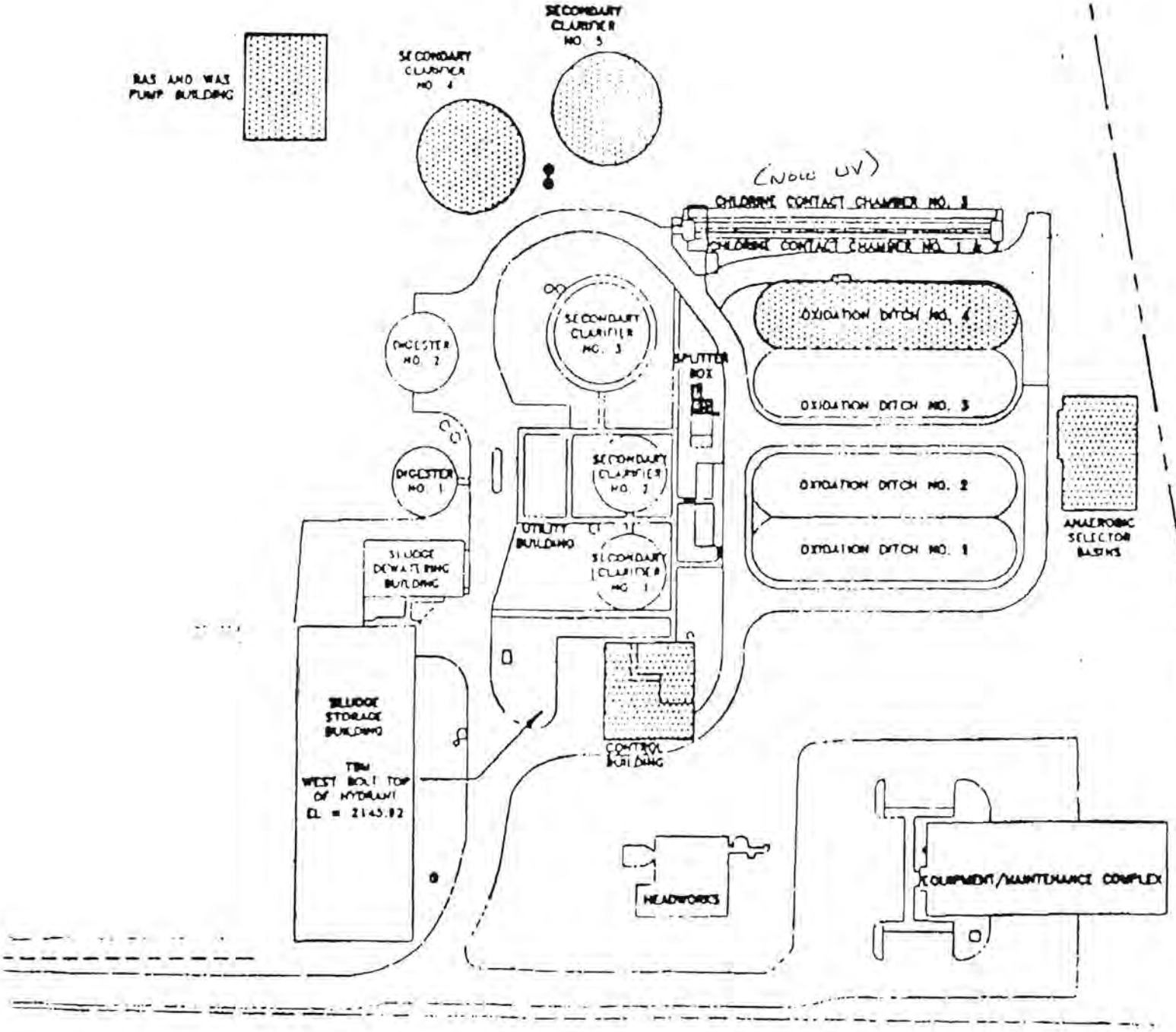
POST FALLS ID-002585-2



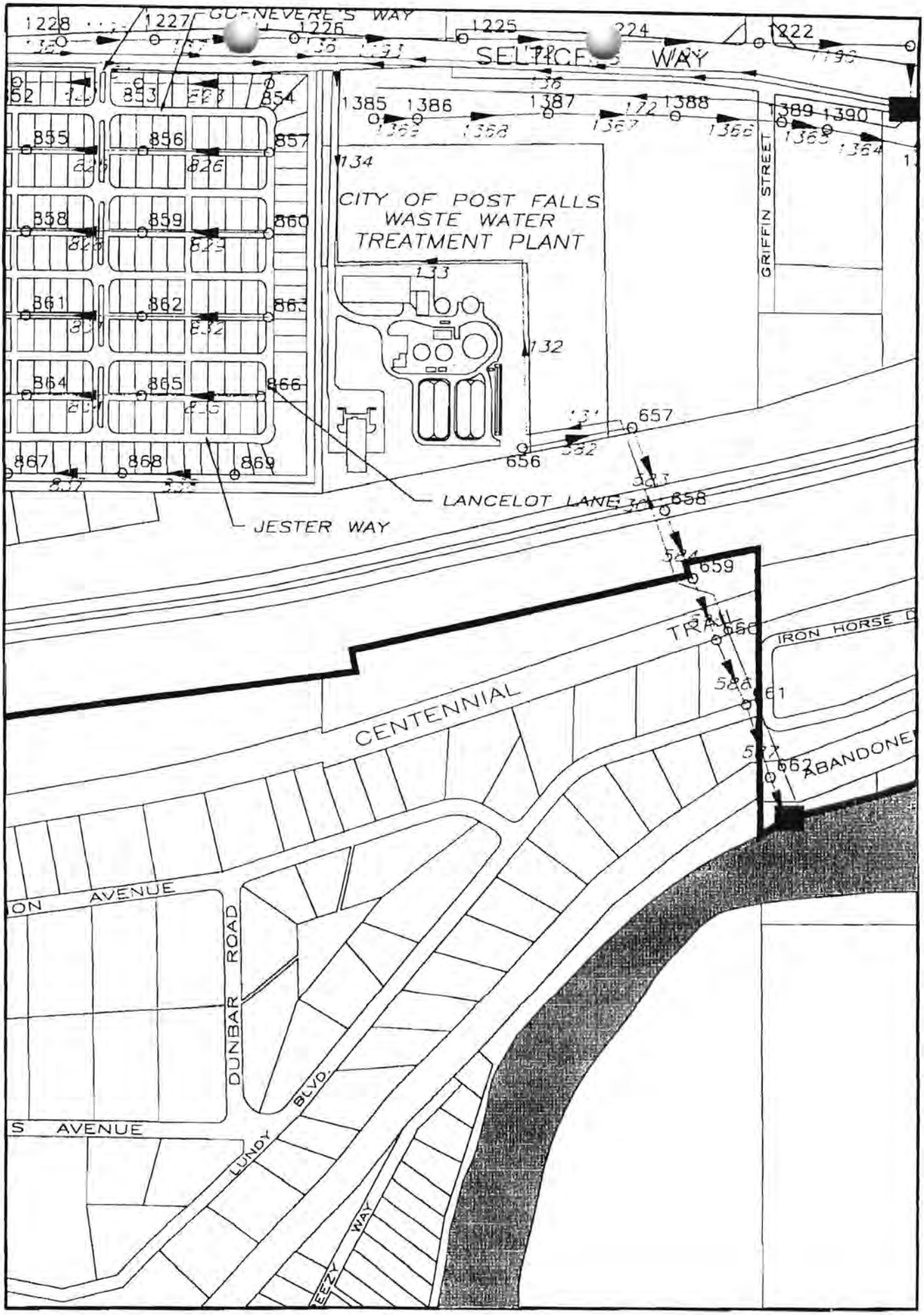
MAIN STREAM FLOW SCHEMATIC

N.T.S.

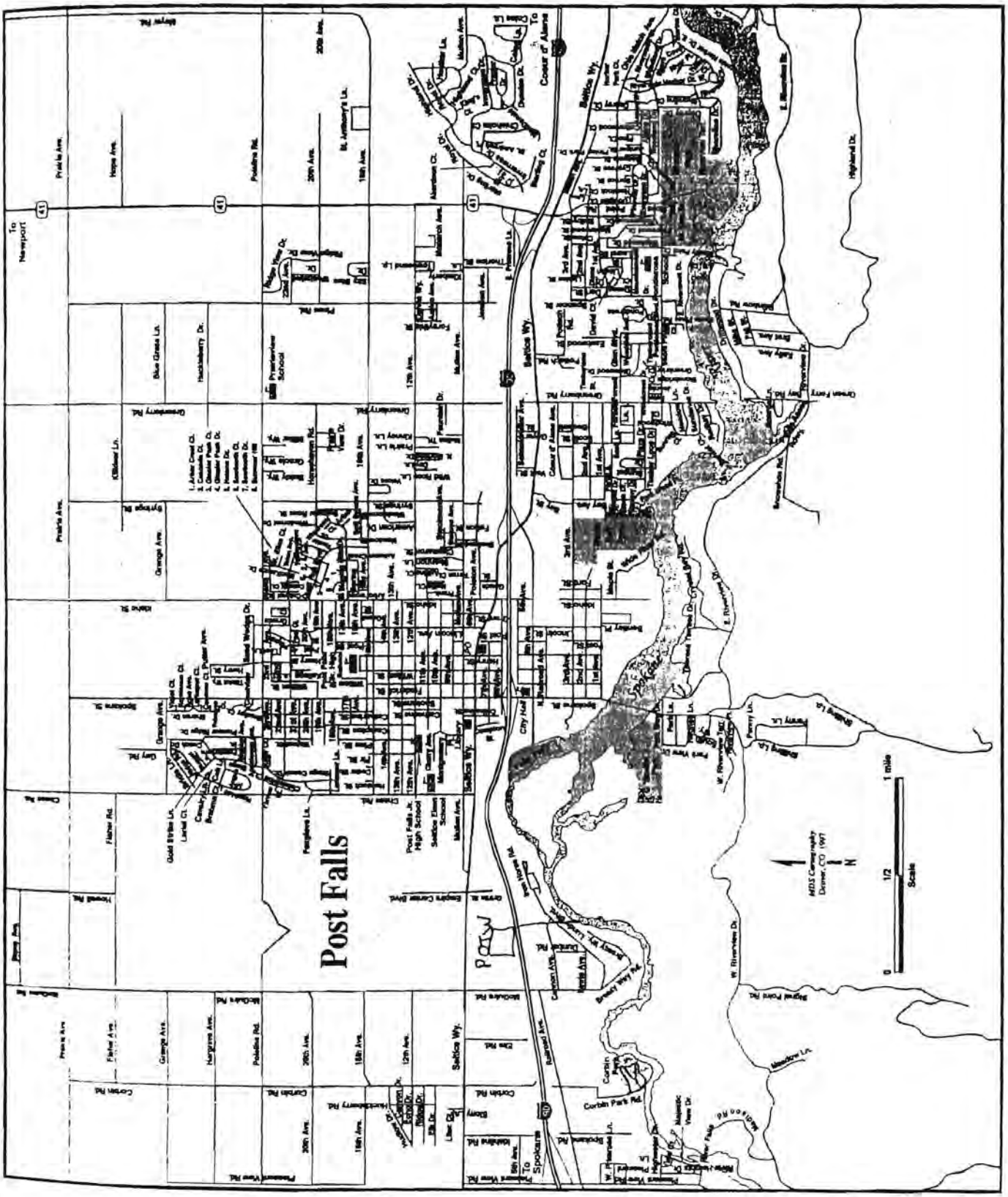
POST FALLS ID-02585-2



POST FALLS ID-002585-2

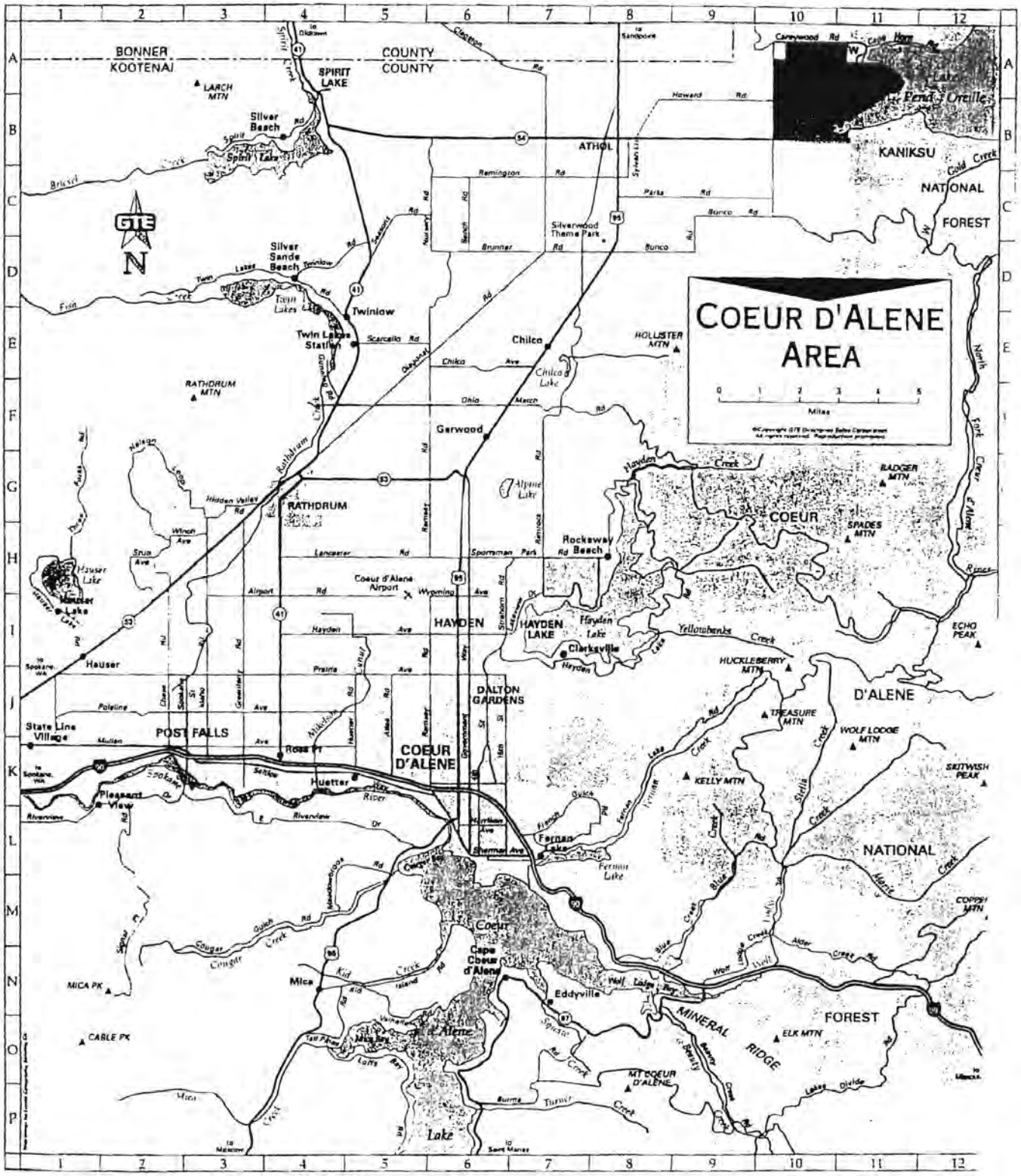


Post Falls Street Map



POST FALLS ID-002585-2

12 MAPS



On line? Go to
http://superpages.GTE.net

FECAL COLIFORM #/110ml A.11.c.

DATE	AVERAGE MONTHLY	AVERAGE WEEKLY	MAXIMUM DAILY
MAY 1 – SEPT. 20	50	200	500
OCT. 1 – APR. 30	---	200	800

PUBLIC WORKS DEPARTMENT

NPDES Permit No. ID-002585-2

In 2001, the Post Falls Wastewater Treatment Plant changed from chlorine disinfection to ultra violet disinfection. The plant uses chlorine and sulfur dioxide for a back up form of disinfection. Therefore, the daily chlorine limit should be removed from the plant's NPDES permit.

2002 West Seltice Way – Post Falls, Idaho 83854
Telephone: (208)777-9857; Fax (208)773-0549

PUBLIC WORKS DEPARTMENT

NPDES Permit No. ID-002585-2

Since we have had no WET test chronic toxicity we are requesting that we be required on our NPDES Permit to perform one (instead of two as currently required) WET test per calendar year.

2002 West Seltice Way – Post Falls, Idaho 83854
Telephone: (208)777-9857; Fax (208)773-0549

Post Falls
Established 1991
"Idaho's River City"
PUBLIC WORKS DEPARTMENT
Water/Wastewater
Streets/Fleet

April 27, 2004

City of Post Falls
Permit No. ID-002585-2

LETTER OF CLARIFICATION

Reference page 6 of 21 Section A.12. Effluent Testing Information. Temperature (Winter); Temperature (Summer)

The parameter data reported in our NPDES Permit Application is from March 2003 through February 2004, a full year of data. Specifically dealing with temperature, this data is not broken into winter and summer but for the whole year dated March 2003 through /February 2004, which equals 366 days.

2002 West Seltice Way – Post Falls, Idaho 83854
Telephone: (208)777-9857; Fax (208)773-0549

Post Falls
Established 1881
"Idaho's River City"
PUBLIC WORKS DEPARTMENT
Water/Wastewater
Streets/Fleet

June 21, 2004

United States Environmental Protection Agency
Region 10
Attn: Brian Nickel
OW-130
1200 Sixth Avenue
Seattle, Washington 98101

RE: NPDES PERMIT

Dear Mr. Nickel:

This is in response to the letter in regard to our permit #ID-0025852 in which we were asked to provide additional information. You will find all information enclosed in this packet.

1. Part B.2 of Form 2A requires submission of a topographical map of the area surrounding the Wastewater Treatment Plant.

   We are including an updated map to meet this requirement.

2. Part B.6 requires submission of sampling data for all the parameters listed in that section; "the City's application does not include results for....."

   We have included results for all the parameters listed.

3. Part D requires sampling for all pollutants in the expanded effluent list; the City submitted information for only four parameters from a list of about 100.

   We normally do not sample for all these parameters, but had samples done for all parameters.

2002 West Seltice Way – Post Falls, Idaho 83854
Telephone: (208)777-9857; Fax (208)773-0549

If you have any other questions or comments, I can be reached at (207)777-9857 or Twerner@postfallsidaho.org.

Thank you for the information on the NPDES training on August 24 and 25, 2004.

Sincerely,

Terry C. Werner
Public Works Superintendent

cc: City Clerk
WWTP Operator
Files

2002 West Seltice Way – Post Falls, Idaho 83854
Telephone: (208)777-9857; Fax (208)773-0549

c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM/DD/YYYY	Actual Completion MM/DD/YYYY
– Begin construction	02/02/2004	__/__/____
– End construction	04/06/2004	__/__/____
– Begin discharge	__/__/____	__/__/____
– Attain operational level	__/__/____	__/__/____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? XX Yes ___No

Describe briefly: 10/24/03 - Plans & Specs for WWTP Oxidation Ditch #2 Aeration reviewed & approved by Mr. John Tindall, PE, IDEQ, Coeur d'Alene, ID

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	MLs/MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	4.87	mg/L	0.48	mg/L	111	4500NH3DISE-Std meth.	
CHLORINE (TOTAL RESIDUAL, TRC)	0.15	mg/L	0.02	mg/L	366	4500-Cl G Std. meth.	
DISSOLVED OXYGEN	7.25	mg/L	4.20	mg/L	366	YSI Model 55 DO Meter	
TOTAL KJELDAHL NITROGEN (TKN)	14.4	mg/L	11.60	mg/L	11	SM 4500 NB	2.0 mg/L
NITRATE PLUS NITRITE NITROGEN	19.0	mg/L	12.10	mg/L	17	SM 4110B, No3; SM 4110B No 2	
OIL and GREASE			ND	mg/L	1	SM 5520B	1.0 mg/L
PHOSPHORUS (Total)	3.40	mg/L	0.43	mg/L	65	USEPA 365.3	
TOTAL DISSOLVED SOLIDS (TDS)			390	mg/L	1	SM 2540C	1.0 mg/L
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

NOTE: Compounds with (one) 1 number of samples signifies one pollutant scan because we do not analyze for these compounds.

FACILITY NAME AND PERMIT NUMBER:
POST FALLS ID-002585-2

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART C: CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions about who is an owner or operator for the purposes of this certification. All applicants must complete all applicable sections of Form 2A as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have read Form 2A and have completed all sections that apply to the facility for which the applications is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

X Basic Application Information packet

Supplemental Application Information packet:

X Part D (Expanded Effluent Testing Data)

X Part E (Toxicity Testing: Biomonitoring Data)

X Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: TERRY C. WERNER, PUBLIC WORKS SUPERINTENDENT

Signature: Terry C Werner

Telephone number: (208)777-9857

Date signed: 04/23/04

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:
POST FALLS ID-002585-2

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE						
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of samples	Analytical Method	MDL
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY					ND	ppb	0.00	lbs/day	1	SM3113	5.0 ppb
ARSENIC					ND	ppb	0.00	lbs/day	1	SM3113	4.0 ppb
BERYLLIUM					ND	ppb	0.00	lbs/day	1	SM3120	0.5 ppb
CADMIUM	.0910	ppb	.0017	lbs/day	.0388	ppb	.0007	lbs/day	13	SM3120	0.003 ppb
CHROMIUM					ND	ppb	0.00	lbs/day	1	SM3120	1.0 ppb
COPPER	11.90	ppb	.1880	lbs/day	5.344	ppb	.0939	lbs/day	13	SM3120	0.03 ppb
LEAD	1.230	ppb	.0228	lbs/day	.4149	ppb	.0073	lbs/day	13	SM3120	0.03 ppb
MERCURY					ND	ppb	0.00	lbs/day	1	SM3112	0.5 ppb
NICKEL					ND	ppb	0.00	lbs/day	1	SM3120	1.0 ppb
SELENIUM					ND	ppb	0.00	lbs/day	1	SM3113	5.0 ppb
SILVER					ND	ppb	0.00	lbs/day	1	SM3120	1.0 ppb
THALLIUM					ND	ppb	0.00	lbs/day	1	SM3113	1.0 ppb
ZINC	68.30	ppb	1.263	lbs/day	47.25	ppb	.8353	lbs/day	13	SM3120	0.03 ppb
CYANIDE					ND	mg/L	0.00	lbs/day	1	SM 4500 CNF	0.05 mg/L
TOTAL PHENOLIC COMPOUNDS	PLEASE SEE PAGE 12 (EXTRACTABLE COMPOUNDS)										
HARDNESS (AS $CaCO_3$)					125	mg/L	2263	lbs/day	1	SM2340	0.2 mg/L
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

FACILITY NAME AND PERMIT NUMBER:

POST FALLS ID-002585-2

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE						
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	MINIMUM
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN					ND	ppb	0.00	lbs/day	1	SW8260/624	0.5 ppb
ACRYLONITRILE					ND	ppb	0.00	lbs/day	1	SW8260/624	0.5 ppb
BENZENE					ND	ppb	0.00	lbs/day	1	SW8260/624	0.5 ppb
BROMOFORM					ND	ppb	0.00	lbs/day	1	SW8260/624	0.5 ppb
CARBON TETRACHLORIDE					ND	ppb	0.00	lbs/day	1	SW8260/624	0.5 ppb
CLOROBENZENE					ND	ppb	0.00	lbs/day	1	SW8260/624	0.5 ppb
CHLORODIBROMO-METHANE					ND	ppb	0.00	lbs/day	1	SW8260/624	0.5 ppb
CHLOROETHANE					ND	ppb	0.00	lbs/day	1	SW8260/624	0.5 ppb
2-CHLORO-ETHYLVINYL ETHER					ND	ppb	0.00	lbs/day	1	SW8260/624	0.5 ppb
CHLOROFORM					ND	ppb	0.00	lbs/day	1	SW8260/624	0.5 ppb
DICHLOROBROMO-METHANE					ND	ppb	0.00	lbs/day	1	SW8260/624	0.5 ppb
1,1-DICHLOROETHANE					ND	ppb	0.00	lbs/day	1	SW8260/624	0.5 ppb
1,2-DICHLOROETHANE					ND	ppb	0.00	lbs/day	1	SW8260/624	0.5 ppb
TRANS-1,2-DICHLORO-ETHYLENE					ND	ppb	0.00	lbs/day	1	SW8260/624	0.5 ppb
1,1-DICHLOROETHYLENE					ND	ppb	0.00	lbs/day	1	SW8260/624	0.5 ppb
1,2-DICHLOROPROPANE					ND	ppb	0.00	lbs/day	1	SW8260/624	0.5 ppb
1,3-DICHLORO-PROPYLENE					ND	ppb	0.00	lbs/day	1	SW8260/624	0.5 ppb
ETHYLBENZENE					ND	ppb	0.00	lbs/day	1	SW8260/624	0.5 ppb
METHYL BROMIDE					ND	ppb	0.00	lbs/day	1	SW8260/624	0.5 ppb
METHYL CHLORIDE					ND	ppb	0.00	lbs/day	1	SW8260/624	0.5 ppb
METHYLENE CHLORIDE					ND	ppb	0.00	lbs/day	1	SW8260/624	0.5 ppb
1,1,2,2-TETRACHLORO-ETHANE					ND	ppb	0.00	lbs/day	1	SW8260/624	0.5 ppb
TETRACHLORO-ETHYLENE					ND	ppb	0.00	lbs/day	1	SW8260/624	0.5 ppb
TOLUENE					ND	ppb	0.00	lbs/day	1	SW8260/624	0.5 ppb

FACILITY NAME AND PERMIT NUMBER:
POST FALLS ID-002585-2

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE						
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	MDL
1,1,1-TRICHLOROETHANE					ND	ppb	0.00	lbs/day	1	SW8260/624	0.5 ppb
1,1,2-TRICHLOROETHANE					ND	ppb	0.00	lbs/day	1	SW8260/624	0.5 ppb
TRICHLORETHYLENE					ND	ppb	0.00	lbs/day	1	SW8260/624	0.5 ppb
VINYL CHLORIDE					ND	ppb	0.00	lbs/day	1	SW8260/624	0.5 ppb
Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.											
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL					ND	ppb	0.00	lbs/day	1	EPA 8270C	2.0 ppb
2-CHLOROPHENOL					ND	ppb	0.00	lbs/day	1	EPA 8270C	2.0 ppb
2,4-DICHLOROPHENOL					ND	ppb	0.00	lbs/day	1	EPA 8270C	2.0 ppb
2,4-DIMETHYLPHENOL					ND	ppb	0.00	lbs/day	1	EPA 8270C	2.0 ppb
4,6-DINITRO-O-CRESOL					ND	ppb	0.00	lbs/day	1	EPA 8270C	2.0 ppb
2,4-DINITROPHENOL					ND	ppb	0.00	lbs/day	1	EPA 8270C	2.0 ppb
2-NITROPHENOL					ND	ppb	0.00	lbs/day	1	EPA 8270C	2.0 ppb
4-NITROPHENOL					ND	ppb	0.00	lbs/day	1	EPA 8270C	2.0 ppb
PENTACHLOROPHENOL					ND	ppb	0.00	lbs/day	1	EPA 8270C	2.0 ppb
PHENOL					9.0	ppb	0.16	lbs/day	1	EPA 8270C	2.0 ppb
2,4,6-TRICHLOROPHENOL					ND	ppb	0.00	lbs/day	1	EPA 8270C	2.0 ppb
Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.											
BASE-NEUTRAL COMPOUNDS.											
ACENAPHTHENE					ND	ppb	0.00	lbs/day	1	EPA 8270C	0.3 ppb
ACENAPHTHYLENE					ND	ppb	0.00	lbs/day	1	EPA 8270C	0.3 ppb
ANTHRACENE					ND	ppb	0.00	lbs/day	1	EPA 8270C	0.3 ppb
BENZIDINE					ND	ppb	0.00	lbs/day	1	EPA 8270C	2.0 ppb
BENZO(A)ANTHRACENE					ND	ppb	0.00	lbs/day	1	EPA 8270C	0.3 ppb

BENZO(A)PYRENE											

FACILITY NAME AND PERMIT NUMBER:

POST FALLS ID-002585-2

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: 001 **(Complete once for each outfall discharging effluent to waters of the United States.)**

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE						
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	MDL/MDL
3,4 BENZO-FLUORANTHENE					ND	ppb	0.00	lbs/day	1	EPA 8270C	0.3 ppb
BENZO(GHI)PERYLENE					ND	ppb	0.00	lbs/day	1	EPA 8270C	0.3 ppb
BENZO(K)FLUORANTHENE					ND	ppb	0.00	lbs/day	1	EPA 8270C	0.3 ppb
BIS (2-CHLOROETHOXY) METHANE					ND	ppb	0.00	lbs/day	1	EPA 8270C	1.0 ppb
BIS (2-CHLOROETHYL)-ETHER					ND	ppb	0.00	lbs/day	1	EPA 8270C	1.0 ppb
BIS (2-CHLOROISO-PROPYL) ETHER					ND	ppb	0.00	lbs/day	1	EPA 8270C	1.0 ppb
BIS (2-ETHYLHEXYL) PHTHALATE					ND	ppb	0.00	lbs/day	1	EPA 8270C	1.0 ppb
4-BROMOPHENYL PHENYL ETHER					ND	ppb	0.00	lbs/day	1	EPA 8270C	1.0 ppb
BUTYL BENZYL PHTHALATE					1.4	ppb	0.03	lbs/day	1	EPA 8270C	1.0 ppb
2-CHLORONAPHTHALENE					ND	ppb	0.00	lbs/day	1	EPA 8270C	1.0 ppb
4-CHLORPHENYL PHENYL ETHER					ND	ppb	0.00	lbs/day	1	EPA 8270C	1.0 ppb
CHRYSENE					ND	ppb	0.00	lbs/day	1	EPA 8270C	0.3 ppb
DI-N-BUTYL PHTHALATE					1.6	ppb	0.03	lbs/day	1	EPA 8270C	1.0 ppb
DI-N-OCTYL PHTHALATE					ND	ppb	0.00	lbs/day	1	EPA 8270C	1.0 ppb
DIBENZO(A,H) ANTHRACENE					ND	ppb	0.00	lbs/day	1	EPA 8270C	0.3 ppb
1,2-DICHLOROBENZENE					ND	ppb	0.00	lbs/day	1	EPA 8270C	1.0 ppb
1,3-DICHLOROBENZENE					ND	ppb	0.00	lbs/day	1	EPA 8270C	1.0 ppb
1,4-DICHLOROBENZENE					ND	ppb	0.00	lbs/day	1	EPA 8270C	1.C ppb
3,3-DICHLOROBENZIDINE					ND	ppb	0.00	lbs/day	1	EPA 8270C	2.0 ppb
DIETHYL PHTHALATE					1.4	ppb	0.03	lbs/day	1	EPA 8270C	1.0 ppb
DIMETHYL PHTHALATE					ND	ppb	0.00	lbs/day	1	EPA 8270C	1.0 ppb
2,4-DINITROTOLUENE					ND	ppb	0.00	lbs/day	1	EPA 8270C	1.0 ppb
2,6-DINITROTOLUENE					ND	ppb	0.00	lbs/day	1	EPA 8270C	1.0 ppb

1,2-DIPHENYLHYDRAZINE											

FACILITY NAME AND PERMIT NUMBER:
POST FALLS ID-002585-2

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE						
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	MDL/MDL
FLUORANTHENE					ND	ppb	0.00	lbs/day	1	EPA 8270C	0.3 ppb
FLUORENE					ND	ppb	0.00	lbs/day	1	EPA 8270C	0.3 ppb
HEXACHLOROBENZENE					ND	ppb	0.00	lbs/day	1	EPA 8270C	1.0 ppb
HEXACHLOROBUTADIENE					ND	ppb	0.00	lbs/day	1	EPA 8270C	1.0 ppb
HEXACHLOROCYCLO-PENTADIENE					ND	ppb	0.00	lbs/day	1	EPA 8270C	1.0 ppb
HEXACHLOROETHANE					ND	ppb	0.00	lbs/day	1	EPA 8270C	1.0 ppb
INDENO(1,2,3-CD)PYRENE					ND	ppb	0.00	lbs/day	1	EPA 8270C	0.3 ppb
ISOPHORONE					ND	ppb	0.00	lbs/day	1	EPA 8270C	1.0 ppb
NAPHTHALENE					ND	ppb	0.00	lbs/dya	1	EPA 8270C	0.3 ppb
NITROBENZENE					ND	ppb	0.00	lbs/day	1	EPA 8270C	1.0 ppb
N-NITROSODI-N-PROPYLAMINE					ND	ppb	0.00	lbs/day	1	EPA 8270C	1.0 ppb
N-NITROSODI- METHYLAMINE					ND	ppb	0.00	lbs/day	1	EPA 8270C	1.0 ppb
N-NITROSODI-PHENYLAMINE					ND	ppb	0.00	lbs/day	1	EPA 8270C	1.0 ppb
PHENANTHRENE					ND	ppb	0.00	lbs/day	1	EPA 8270C	0.3 ppb
PYRENE					ND	ppb	0.00	lbs/day	1	EPA 8270C	0.3 ppb
1,2,4-TRICHLOROBENZENE					ND	ppb	0.00	lbs/day	1	EPA 8270C	1.0 ppb

Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.

Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.

END OF PART D
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

Chain of Custody

Accurate Testing Labs

7950 Meadowlark Way | Coeur d'Alene, ID 83815 | Phone: (208) 762-8378 | Fax: (208) 762-9082
E-mail: mueller@accuratetesting.com | Internet: http://www.accuratetesting.com

Results & Invoice to:

Name: City of Post Falls WWTP
Address: 2002 W. Seltice Way
(mailing) 408, N. Spokane street
Phone: 773-1438 Fax: 773-0311
E-mail:

Project Information:

Project Name:
Project Number:
Credit Card: ☐ Visa ☐ MC #
Exp. Date:

Reporting Requirements:

Preliminary: FAX ☐ Verbal ☐ by: / /
Final Report. FAX ☐ Verbal ☐ by: / /
Rushes: 48 hrs ☐ Other: ☐

ANALYSIS REQUEST

Lab #	Sample ID	Date	Time	Matrix	No. of Containers	FOG	TDS	Sb, As, Be	Cr, Hg, Ni	Se, Ag, Tl	Cn	Total Phenolics	Hardness	8260/624	8270/625			
050335-1	(C) EFF METALS	5/20/04		water	1			X	X	X								
	(C) EFF-Cyanide & Hardness	5/20/04		water	1						X		X					
	(C) EFF-Phenolics Total	5/20/04		water	1							X						
	8260/624 (C) EFF	5/20/04		water	1									X				
	(C) EFF 8270/625	5/20/04		water	1										X			
-2	87/13 Comb. Inf - FOG	5/20/04		water	1	X												
-1	(C) EFF TDS - FOG	5/20/04		water	1	X	X											

Special Instructions:

*NOTE Do not test for: Cadmium, Copper, Lead or Zinc

Name of Sampler:

Remarks/Sample Conditions

Relinquished by:	Date	Time	Received by:	Date	Time
Carl f Betorro	5/21/04	9:15	[signature]	5-21-04	9:15

Chain of Custody Seals
☐ Yes ☐ No ☐ N/A
☐ UPS ☐ FedEx
☐ Bus ☐ Hand

ATL Accurate Testing Labs, LLC

7950 Meadowlark Way Coeur d'Alene, ID 83815 Phone (208) 762 8378 Fax (208) 762 9082
Web site: www.accuratetesting.com E-mail: info@accuratetesting.com

Bob Hatcher
City of Post Falls Treatment
N 408 Spokane St
Post Falls, ID 83854

Order No.: **2004050335**
Description: Priority Pollutants

Date Received: 05/21/2004

Certificate of Analysis

Sample No.: 1
Location: Effluent
Sample Type: COMPOSITES

Matrix: Waste Water
D/T Collected: 05/20/2004
Collected By: Carlos Betancourt

Analyte	Result	Unit	PQL	Method	Analysis Date	Analyst
Silver	ND	ug/L	1.0	SM 3120	05/28/2004	WM
Beryllium	ND	ug/L	0.5	SM 3120	05/28/2004	WM
Chromium	ND	ug/L	1.0	SM 3120	05/28/2004	WM
Nickel	ND	ug/L	1.0	SM 3120	05/28/2004	WM
Mercury	ND	ug/L	0.5	SM 3112	05/27/2004	WM
Arsenic	ND	ug/L	4.0	SM 3113	05/28/2004	WM
Antimony	ND	ug/L	5.0	SM 3113	05/28/2004	WM
Selenium	ND	ug/L	5.0	SM 3113	05/28/2004	WM
Thallium	ND	ug/L	1.0	SM 3113	05/28/2004	WM
Cyanide	ND	mg/L	0.050	SM 4500 CN F	05/24/2004	RFR
Oil & Grease	ND	mg/L	1.0	SM 5520B	05/25/2004	RFR
Total Dissolved Solids	390	mg/L	1	SM 2540C	05/25/2004	RFR
Hardness, Total (as CaCO3)	125	mg/L	0.2	SM 2340	05/27/2004	WM
Calcium	31.6	mg/L	0.06	EPA 200.7	05/27/2004	WM
Magnesium	11.3	mg/L	0.03	EPA 200.7	05/27/2004	WM
Acenaphthene	ND	ug/L	0.3	EPA 8270C	06/09/2004	ANA
Acenaphthylene	ND	ug/L	0.3	EPA 8270C	06/09/2004	ANA
Anthracene	ND	ug/L	0.3	EPA 8270C	06/09/2004	ANA
Benzidine	ND	ug/L	2.0	EPA 8270C	06/09/2004	ANA
Benzo(k)fluoranthene	ND	ug/L	0.3	EPA 8270C	06/09/2004	ANA
Benzo(b)fluoranthene	ND	ug/L	0.3	EPA 8270C	06/09/2004	ANA
Benzo(ghi)perylene	ND	ug/L	0.3	EPA 8270C	06/09/2004	ANA
Benzo(a)anthracene	ND	ug/L	0.3	EPA 8270C	06/09/2004	ANA
Benzo(a)pyrene	ND	ug/L	0.3	EPA 8270C	06/09/2004	ANA

Laboratory Supervisor 06/16/2004
Walter Mueller

ND: Not Detected PQL: Practical Quantitation Limit

ATL Accurate Testing Labs, LLC

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Web site: www.accuratetesting.com E-mail: info@accuratetesting.com

Bob Hatcher
City of Post Falls Treatment
N 408 Spokane St
Post Falls, ID 83854

Order No.: **2004050335**
Description: Priority Pollutants

Date Received: 05/21/2004

Certificate of Analysis

Sample No.: 1
Location: Effluent
Sample Type: COMPOSITES

Matrix: Waste Water
D/T Collected: 05/20/2004
Collected By: Carlos Betancourt

Analyte	Result	Unit	PQL	Method	Analysis Date	Analyst
Benzyl alcohol	ND	ug/L	2.0	EPA 8270C	06/09/2004	ANA
Bis(2-chlorethoxy)methane	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
Bis(2-chloroisopropyl)ether	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
Bis(2-chloroethyl)ether	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
Bis(2-ethylhexyl)phthalate	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
4-Bromophenyl phenyl ether	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
Butylbenzylphthalate	1.4	ug/L	1.0	EPA 8270C	06/09/2004	ANA
4-Chloroaniline	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
2-Chloronaphthalene	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
4-Chloro-3-methylphenol	ND	ug/L	2.0	EPA 8270C	06/09/2004	ANA
2-Chlorophenol	ND	ug/L	2.0	EPA 8270C	06/09/2004	ANA
4-Chlorophenyl phenyl ether	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
Chrysene	ND	ug/L	0.3	EPA 8270C	06/09/2004	ANA
Dibenz(ah)anthracene	ND	ug/L	0.3	EPA 8270C	06/09/2004	ANA
Dibenzofuran	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
Di-n-butyl phthalate	1.6	ug/L	1.0	EPA 8270C	06/09/2004	ANA
1,3-Dichlorobenzene	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
1,2-Dichlorobenzene	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
1,4-Dichlorobenzene	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
3,3-Dichlorobenzidine	ND	ug/L	2.0	EPA 8270C	06/09/2004	ANA
2,4-Dichlorophenol	ND	ug/L	2.0	EPA 8270C	06/09/2004	ANA
Diethyl phthalate	1.4	ug/L	1.0	EPA 8270C	06/09/2004	ANA
2,4-Dimethylphenol	ND	ug/L	2.0	EPA 8270C	06/09/2004	ANA
Dimethyl phthalate	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA

Laboratory Supervisor 06/16/2004
Walter Mueller

ND: Not Detected PQL: Practical Quantitation Limit

ATL Accurate Testing Labs, LLC

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Bob Hatcher
City of Post Falls Treatment
N 408 Spokane St
Post Falls, ID 83854

Order No.: **2004050335**
Description: Priority Pollutants

Date Received: 05/21/2004

Certificate of Analysis

Sample No.: 1
Location: Effluent
Sample Type: COMPOSITES

Matrix: Waste Water
D/T Collected: 05/20/2004
Collected By: Carlos Betancourt

Analyte	Result	Unit	PQL	Method	Analysis Date	Analyst
4,6-Dinitro-2-methylphenol	ND	ug/L	2.0	EPA 8270C	06/09/2004	ANA
2,4-Dinitrophenol	ND	ug/L	2.0	EPA 8270C	06/09/2004	ANA
2,4-Dinitrotoluene	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
2,6-Dinitrotoluene	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
Di-n-octyl phthalate	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
Fluoranthene	ND	ug/L	0.3	EPA 8270C	06/09/2004	ANA
Fluorene	ND	ug/L	0.3	EPA 8270C	06/09/2004	ANA
Hexachlorobenzene	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
Hexachlorobutadiene	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
Hexachlorocyclopentadiene	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
Hexachloroethane	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
Indeno(123,cd)pyrene	ND	ug/L	0.3	EPA 8270C	06/09/2004	ANA
Isophorone	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
2-Methylnaphthalene	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
2-Methylphenol	ND	ug/L	2.0	EPA 8270C	06/09/2004	ANA
4-Methylphenol	ND	ug/L	2.0	EPA 8270C	06/09/2004	ANA
Naphthalene	ND	ug/L	0.3	EPA 8270C	06/09/2004	ANA
2-Nitroaniline	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
3-Nitroaniline	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
4-Nitroaniline	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
Nitrobenzene	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
2-Nitrophenol	ND	ug/L	2.0	EPA 8270C	06/09/2004	ANA
4-Nitrophenol	ND	ug/L	2.0	EPA 8270C	06/09/2004	ANA
N-nitrosodiphenylamine	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA

Laboratory Supervisor 06/16/2004
Walter Mueller

ND: Not Detected PQL: Practical Quantitation Limit

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Bob Hatcher
City of Post Falls Treatment
N 408 Spokane St
Post Falls, ID 83854

Order No.: 2004050335
Description: Priority Pollutants

Date Received: 05/21/2004

Certificate of Analysis

Sample No.: 1
Location: Effluent
Sample Type: COMPOSITES

Matrix: Waste Water
D/T Collected: 05/20/2004
Collected By: Carlos Betancourt

Analyte	Result	Unit	PQL	Method	Analysis Date	Analyst
N-nitrosodipropylamine	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
N-nitrosodimethylamine	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
Pentachlorophenol	ND	ug/L	2.0	EPA 8270C	06/09/2004	ANA
Phenanthrene	ND	ug/L	0.3	EPA 8270C	06/09/2004	ANA
Phenol	9.0	ug/L	2.0	EPA 8270C	06/09/2004	ANA
Pyrene	ND	ug/L	0.3	EPA 8270C	06/09/2004	ANA
1,2,4-Trichlorobenzene	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
2,4,6-Trichlorophenol	ND	ug/L	2.0	EPA 8270C	06/09/2004	ANA
2,4,6-Trichlorophenol	ND	ug/L	2.0	EPA 8270C	06/09/2004	ANA
2-Fluorophenol	60.9	% Recovery	21-110	EPA 8270C	06/09/2004	ANA
Phenol-d5	57.1	% Recovery	10-110	EPA 8270C	06/09/2004	ANA
Nitrobenzene-d5	85.3	% Recovery	35-114	EPA 8270C	06/09/2004	ANA
2-Fluorobiphenyl	87.6	% Recovery	43-116	EPA 8270C	06/09/2004	ANA
2,4,6-Tribromophenol	79.0	% Recovery	10-123	EPA 8270C	06/09/2004	ANA
Terphenyl-d14	48.1	% Recovery	33-141	EPA 8270C	06/09/2004	ANA

Sample No.: 2
Location: Influent
Sample Type: COMPOSITES

Matrix: Waste Water
D/T Collected: 05/20/2004
Collected By: Carlos Betancourt

Analyte	Result	Unit	PQL	Method	Analysis Date	Analyst
Oil & Grease	20	mg/L	1.0	SM 5520B	05/26/2004	RFR

Laboratory Supervisor 06/16/2004
Walter Mueller

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Web site: www.accuratetesting.com E-mail: info@accuratetesting.com

Bob Hatcher
City of Post Falls Treatment
N 408 Spokane St
Post Falls, ID 83854

Order No.: **2004060335**
Description: Priority Pollutants

Date Received: 05/21/2004

Certificate of Analysis

Sample No.: 1
Location: Effluent
Sample Type: COMPOSITES

Matrix: Waste Water
D/T Collected: 05/20/2004
Collected By: Carlos Betancourt

Analyte	Result	Unit	PQL	Method	Analysis Date	Analyst
2,6-Dichlorophenol	ND	ug/L	2.0	EPA 8270C	06/09/2004	ANA
1,2-Diphenylhydrazine	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA
Acrolein	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
Acrylonitrile	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
Benzene	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
Bromoform	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
Carbon tetrachloride	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
Chlorobenzene	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
Dibromochloromethane	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
Chloroethane	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
2-chloroethyl vinyl ether	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
Chloroform	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
Bromodichloromethane	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
1,1-Dichloroethane	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
1,2-Dichloroethane	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
t-1,2-Dichloroethene	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
1,1-Dichloroethene	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
1,2-Dichloropropane	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
c-1,3-Dichloropropene	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
t-1,3-Dichloropropene	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
Ethylbenzene	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
Bromomethane	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
Chloromethane	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
Methylene chloride	ND	ug/L	2.5	SW 8260/624	06/02/2004	ANA

Laboratory Supervisor 06/16/2004
Walter Mueller

ND: Not Detected PQL: Practical Quantitation Limit

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Web site: www.accuratetesting.com E-mail: info@accuratetesting.com

Bob Hatcher
City of Post Falls Treatment
N 408 Spokane St
Post Falls, ID 83854

Order No.: **2004050336**
Description: Priority Pollutants

Date Received: 05/21/2004

Certificate of Analysis

Sample No.: 1
Location: Effluent
Sample Type: COMPOSITES

Matrix: Waste Water
D/T Collected: 05/20/2004
Collected By: Carlos Betancourt

Analyte	Result	Unit	PQL	Method	Analysis Date	Analyst
1,1,1,2-Tetrachloroethane	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
Tetrachloroethene	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
Toluene	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
1,1,1-Trichloroethane	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
1,1,2-Trichloroethane	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
Trichloroethene	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
Vinyl chloride	ND	ug/L	0.5	SW 8260/624	06/02/2004	ANA
Surrogate (1,2-Dichlorobenzene-d4)	90.6	% Recovery		SW 8260/624	06/02/2004	ANA
Surrogate (4-Bromofluorobenzene)	99.2	% Recovery		SW 8260/624	06/02/2004	ANA
Surrogate (Toluene-d8)	99.4	% Recovery		SW 8260/624	06/02/2004	ANA
Phenols	ND	mg/L	0.01	SM 5530C	06/04/2004	ANA
N-nitrosodibutylamine	ND	ug/L	1.0	EPA 8270C	06/09/2004	ANA

Laboratory Supervisor 06/16/2004
Walter Mueller

ND: Not Detected PQL: Practical Quantitation Limit